

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047996 AV

DOCUMENT # P99000010519

1. Entity Name
SUPRA INVESTMENTS, INC.



FILED

03 SEP 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8440 SW 8 STREET
OFFICE
MIAMI FL 33144

Mailing Address

8440 SW 8 STREET
OFFICE
MIAMI FL 33144

2. Principal Place of Business

7741 SW 89 CT.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

Country

33173 USA

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POSSE, ARMANDO
8255 SW 132ND STREET
MIAMI FL 33146

7. Name and Address of New Registered Agent

Name: WINSTON JOSEPHS
Street Address (P.O. Box Number is Not Acceptable):
7741 SW 89 CT.
City: MIAMI FL Zip Code: 33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Winston Josephs*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SEPT 11, 03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPS	<input checked="" type="checkbox"/> Delete
NAME	POSSE, ARMANDO J	
STREET ADDRESS	8255 S.W. 132ND ST.	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	WINSTON JOSEPHS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7741 SW 89 CT.	
STREET ADDRESS	MIAMI, FL 33173	
CITY-ST-ZIP		
TITLE	400023369944	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	09/26/03--01081--020 **550.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400023369944	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	09/26/03--01081--021 **200.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston Josephs 9/11/03 - 426-8200

Date

Daytime Phone #

CR2E034 (4/03)